

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

JARRY PENA DIN 17R0651

17CV2167

CV

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

COMPLAINT

(Prisoner)

R. Colon (C.O.)

Vernon C. Bain MARITIME FAC.

1 HALLECK ST

BRONX, NY 10474

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

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NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Physical Attack by Corrections Staff.

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>JAFRY</u>	<u></u>	<u>PENA</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

DIN: 17R0651
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

UISTER CORRECTIONAL FACILITY
Current Place of Detention

PO. 800
Institutional Address

<u>NAPANOCH</u>	<u>NY</u>	<u>12458</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>R.</u>	<u>COLON</u>	<u>UNKNOWN</u>
First Name	Last Name	Shield #
<u>CORRECTIONS OFFICER</u>		
Current Job Title (or other identifying information)		
<u>VERNON C. BAIN MARITIME FACILITY 1 HALLECK ST</u>		
Current Work Address		
<u>BRONX</u>	<u>NY</u>	<u>10474</u>
County, City	State	Zip Code

Defendant 2:

_____	_____	_____
First Name	Last Name	Shield #

Current Job Title (or other identifying information)		

Current Work Address		

County, City	State	Zip Code

Defendant 3:

_____	_____	_____
First Name	Last Name	Shield #

Current Job Title (or other identifying information)		

Current Work Address		

County, City	State	Zip Code

Defendant 4:

_____	_____	_____
First Name	Last Name	Shield #

Current Job Title (or other identifying information)		

Current Work Address		

County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: HALLWAY IN FRONT OF CLINIC ENTRANCE

Date(s) of occurrence: DEC. 15, 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

HAD SURGERY ON LEFT LEG AND I WAS THERE (clinic) to have my wound cleaned. When I was finished with the nurse I left to return to my dorm. C.O. R. Colon was coming from the intake dorm to bring me back to my dorm. He asked me "ARE You ready?" I answered that I was. The officer in the clinic came out and told C.O. colon "you know this guy has a big mouth." officer Colon answered, "Don't worry, we'll take care of him". C.O. Colon brought me out of the clinic and he took away my two crutches. I asked him "what are you doing?" and he said, "Shut the fuck up!" and then started hitting me with his fists. I started screaming telling him that I just had surgery on my leg. He then said, "SHUT the fuck up!" and then continued to hit me in my face and then my injured leg. He told me to shut my mouth and asked "why I was screaming like a big bitch." He then called on Radio that I was trying to beat him up. This was impossible since I was injured and needed two crutches to walk. All of this was done in front of a camera located near the scene of my attack.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

The nerves around my big toe on my injured leg were so inflamed that I could not bend my toe. My face was beaten and sore where he punched me. My injured leg is still swollen and sore from beating and I require medications for it.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$17.5 million For long term damage

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

3/17/17
Dated

X Jafry Pena
Plaintiff's Signature

Jafry PENA
First Name Middle Initial Last Name

ULSTER CORRECTIONAL FACILITY P.O. BOX 800
Prison Address

NAPANCOCH NY 12458
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

NEW YORK STATE

FIRST-CLASS M

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ULSTER CORRECTIONAL FACILITY

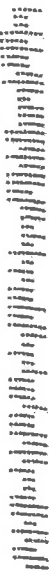
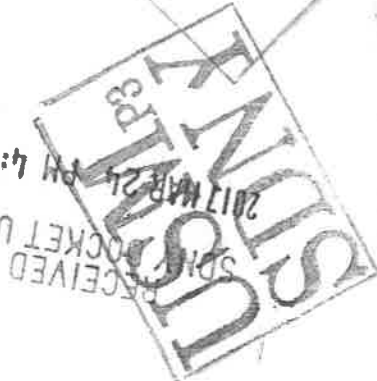
P.O. Box 800

Napanoch, N.Y. 12458

NAME: JERRY PERIA DIN: _____

500 PEARL STREET
NEW YORK, NY 10007

for & JG



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DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OFFENDER CORRESPONDENCE PROGRAM
NAME: JERRY PERIA DIN: 17 R 0651